

Checklist

Name Change of Adult

Filing Fees

Court Costs: \$100.00

Requirements

You may apply for a name change **only** if you have been a Lucas County Resident for the past 60 days.

The Process

The documents listed below must be prepared by the applicant or an attorney, and submitted to the Court for filing, along with the filing fee. Once the documents have been approved for filing by the Court, the Court will review the filing for approval.

The Court reserves the right to require additional documentation be submitted to support the applicant's name change or hold a formal hearing on the application. A criminal background check is required.

Note: All paperwork must be typed and the filings single -sided. We will not accept handwritten documents.

Please do not staple original paperwork.

You must list the individual's full name on all paperwork (first, middle and last). No initials may be used.

Initial Filing

- Application for Change of Name of Adult (Form 21.0)
- Photocopy of Birth Certificate
- Photocopy of Driver's License or State ID (driver's license number, issuance date and expiration date must be redacted)
- Affidavit in Support of Application for Change of Name of Adult (Form 21.01)
 - o This must be notarized by a Notary Public before being submitted for filing
- Judgment Entry Changing Name of Adult (Form 21.1)
- Release of Record Check on Applicant (RRCPPF)

If Requesting the Name Change to be Confidential:

The law requires very specific criteria be met in order for someone to qualify for a confidential name change. The applicant must provide proof that it would jeopardize the applicant's personal safety to have the name change on the public record. Please refer to Ohio Revised Code section 2717.11 to determine if you meet the requirements.

In addition to the forms required for *initial filing* above, the documents listed below must also be submitted, along with any required attachments. The Judge will review all of the documents and make a determination as to whether it qualifies as a confidential name change. If so, the Court will contact the applicant or attorney to set a hearing, if determined necessary.

- Motion for Confidentiality of Proceeding (Form 21.6)
- Order Granting Confidentiality of Proceeding (Form 21.06)

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF: _____

CASE NO. _____

NEW CASE INFORMATION STATEMENT

ATTORNEY OF RECORD TO COMPLETE THE FOLLOWING SECTION

THE UNDERSIGNED CERTIFIES THAT THIS CASE IS, IS NOT RELATED TO ANY CASE NOW PENDING IN ANY JUDICIAL SYSTEM.

CASE NUMBER OF RELATED CASE _____

DESCRIPTION AND JURISDICTION OF RELATED CASE _____

PLEASE CHECK ONE OF THE FOLLOWING:

- CORRECTION/REGISTRATION OF BIRTH DISINTERMENT TRUSTS MINOR SETTLEMENT
 NAME CHANGE
 OTHER _____

STATEMENT OF PERMANENT ADDRESS

The following address is my permanent address. I understand that I am required to notify the Court of any change in my address and that the Court is authorized to remove me if I fail to comply with this requirement.

Signature, Attorney of Record

Signature, Applicant

Print Attorney Name

Print Applicant Name

Address

Address

()
Phone Number

()
Phone Number

Ohio Supreme Court ID Number

Ohio Supreme Court ID Number

E-Mail Address

E-Mail Address

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE NAME OF _____

Present Legal Name

CASE NO. _____

APPLICATION FOR CHANGE OF NAME OF ADULT

[R.C. 2717.02 and 2717.03]

Applicant requests a change of name from _____

to _____.

The reason for requesting this name change is: _____

Applicant is an adult and has been a bona fide resident of this county for at least 60 days immediately prior to the filing of this Application.

An Affidavit in support of this Application is attached.

All of the documentary evidence required by Local Rule also accompanies this Application.

Attorney for Applicant

Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No.

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE NAME OF _____
Present Legal Name

CASE NO. _____

**AFFIDAVIT IN SUPPORT OF APPLICATION
FOR CHANGE OF NAME OF ADULT**
[R.C. 2717.06]

STATE OF OHIO)
) **SS:**
COUNTY OF _____)

The Applicant, being first duly sworn and cautioned according to law, states the following:

- 1) Applicant has been a bona fide legal resident of this county for a period of at least 60 days;
- 2) The Application is not being made for the purpose of evading any creditors or other obligations;
- 3) Applicant is not a debtor in any currently pending bankruptcy proceeding;
- 4) Applicant has not been convicted of, pleaded guilty to, or been adjudicated a delinquent child for identity fraud and does not have a duty to comply with R.C 2950.04 or 2950.041 because the Applicant was convicted of, pleaded guilty to, or was adjudicated a delinquent child for having committed a sexually oriented offense or a child-victim oriented offense;
- 5) All documentary evidence submitted with the Application is true, accurate and complete.

The Applicant certifies under penalty of perjury that the statements in this Affidavit are true and complete.

Date

Applicant

This Affidavit was sworn to before me, with oath or affirmation administered, and signed in my presence by _____ on _____, 20____. This notarial certificate is a jurat under Ohio law.

Notary Public

Typed or Printed Name

Commission Expiration Date _____

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

IN THE MATTER OF THE NAME OF _____
Present Legal Name

CASE NO. _____

JUDGMENT ENTRY
CHANGING NAME OF ADULT
[R.C. 2717.09]

Upon the Application for Change of Name of Adult, the Court finds that the Application is properly supported by all documentation required by Local Rule and the Applicant's Affidavit required in R.C. 2717.06. The Court further finds that Applicant has provided sufficient proof that the facts in the Application show reasonable and proper cause for changing the Applicant's name as requested.

Therefore, the Court orders that the Applicant's legal name be changed as follows:

Applicant's name at birth: _____

Applicant's current legal name: _____

Applicant's new legal name: _____

Applicant's date of birth: _____

State where birth record was issued: _____

Applicant is required to send a certified copy of this Judgment Entry to the vital statistics office in the state that issued the Applicant's birth record.

Date

Judge Jack R. Puffenberger

CERTIFICATION OF JUDGMENT ENTRY

The above Judgment Entry Changing Name of Adult is a true copy of the original kept by me as custodian of the records of this Court.

_____, Probate Judge

(Seal)

By: _____
Deputy Clerk

Date

**PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE**

**CONSERVATORSHIP OF
GUARDIANSHIP OF
ESTATE OF
MISCELLANEOUS
NAME CHANGE OF
TRUST OF _____,
_____**

CASE NO. _____

By my signature below, I hereby authorize the release of any and all records or information that your agency may have pertaining to me to the Probate Court of Lucas County, Ohio.

I further understand that my social security number, driver's license number and birthday listed on the attached sheet shall be used for conducting the record check and upon the conclusion of the record check that the attached sheet containing my social security number, driver license number and birth date shall be destroyed.

Date

Typed Name

CONCLUSION OF RECORD CHECK

- Records checked and found to be in order.
- Records checked and found not to be in order.
- Record Check Information Sheet destroyed.
- Record Check Information Sheet returned to attorney.

Date

Deputy Clerk

I, _____, Attorney at law hereby certify, that the within instrument was prepared and/or examined by me, and that the same, in my opinion, is correct and proper.

Attorney Ohio Supreme Court Number

RECORD CHECK
INFORMATION SHEET

Name: _____

Address:

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____